

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 11/18/2010  
FORM APPROVED  
OMB NO. 0938-0391

45th 1/02/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445457	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  11/17/2010
NAME OF PROVIDER OR SUPPLIER  EAST TENNESSEE HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 465 ISBILL RD MADISONVILLE, TN 37354		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 029 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the integrity of the fire rated construction of a hazardous area enclosure, with penetrations sealed with an approved firestop system.</p> <p>The findings include:</p> <p>Observation on November 16, 2010, at 2:15 p.m., with the maintenance staff in attendance, at revealed unsealed penetrations around copper pipe within sleeves, pieces of missing mortar between sleeves, cable penetrations sealed with mortar material, and unsealed around two cables in the walls of the boiler mechanical room. Interview with the maintenance staff at the time of this observation revealed the fire rating of the walls between the facility areas and the boiler room is two hours. Interview further revealed the maintenance staff person stated he was not familiar with firestop systems.</p>	K 029	<p><b>K029 NFPA 101</b></p> <p>SS=D</p> <p>Life Safety Code Standard</p> <p>One hour fire rated construction (with ¾ hour fire rated doors) or an approved automatic system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-opening and non-rated of field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted.</p> <p>Corrective Actions:</p> <ol style="list-style-type: none"> <li>On 11/23/2010 Maintenance Supervisor purchased/ordered 3M Fire Barrier/ Stopping Sealant. On 11/29/2010 the Maintenance Supervisor and Maintenance Assistant repaired the unsealed penetrations around copper pipe within sleeves and repaired/sealed missing pieces of mortar between sleeves.</li> <li>On 11/23/2010 Maintenance Supervisor and Assistant Maintenance Supervisor completed an internal inspection of any potential unsealed penetrations in the walls of the boiler room to ensure no other residents having the potential to be affected by the same deficient practice. The facility Administrator was informed per compliance of results of inspection.</li> <li>Facility Administrator, Maintenance Supervisor and Corporate Project Manager will ensure all new construction and/or renovations maintain compliance with the integrity of the fire rated constructions and approved firestop systems.</li> </ol>		
K 043 SS=D	<b>NFPA 101 LIFE SAFETY CODE STANDARD</b>	K 043			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Jan Berghman* *Administrator* *11/18/2010*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 043	Continued From page 1 Patient room doors are arranged so that the patient can open the door from inside without using a key. (Special door locking arrangements are permitted in mental health facilities.) 19.2.2.2.2  This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure the signage, in the correct size lettering on contrasting background, "Push until alarm sounds Door can be opened in 15 seconds," is posted on the doors with delayed egress magnetic locking in accordance with NFPA 101, 7.2.1.6.1(d), 2000 Ed.  The findings include:  Observation on November 16, 2010, between 1:00 p.m. and 2:30 p.m., with the maintenance staff in attendance, revealed three of four exterior exit doors with delayed egress magnetic locking did not have the signage posted, located at the end of the short hall, end of the long hall, and from inside the dining room.	K 043	K029 NFPA 101 con't from pg 1 of 4  4. The Maintenance Supervisor, Assistant Maintenance Supervisor and/or designee will monitor for the potential of unsealed penetrations (smoke) during routine monthly HVCA filter rotation. The Maintenance Supervisor will report to Administrator for compliance; compliance audit will be reviewed during monthly QA Safety Committee Meeting.  K043 NFPA 101  SS=D  Life Safety Code Standard  Patient room doors are arranged so that the patient can open the door from the inside without using a key. (Special door locking arrangements are permitted in mental health facilities.) "Push until alarm sounds Door can be opened in 15 seconds."  Corrective Actions:  1. On 11/24/2010 Maintenance Supervisor ordered six (6) delayed egress magnetic locking signs; five (5) serving for facility door and one (1) serving as reserve. 2. On 11/17/2010 Maintenance Supervisor inspected all facility fifteen (15) second delayed doors/egress to ensure compliance with required signage; temporary signage posted until permanent signage received (12/06/2010). 3. Facility Administrator, Maintenance Supervisor, and/or designee will ensure compliance during daily facility rounds.		12/01/2010
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96  This STANDARD is not met as evidenced by: Based on record review, the facility failed to assure the kitchen hood extinguishing system was maintained in accordance with NFPA 17A, 1998 Ed.  The findings include:	K 069	K043 NFPA 101 con't on pg 3 of 4		

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K 069	Continued From page 2	K 069	4. The Maintenance Supervisor, Assistant Maintenance Supervisor and/or designee will monitor for the potential of signage removal during daily routine Alarm audits. The Maintenance Supervisor will report to Administrator for compliance; compliance audit will be reviewed daily/weekly during morning Leadership Meeting and monthly during QA Safety Committee Meeting		12/06/2010
K 070 SS=D	Record review in the activity office on November 16, 2010, at 3:30 p.m., revealed the most recent hood extinguishing system maintenance and testing had been conducted in February 2010. A report for the maintenance and testing within the previous six months could not be provided. NFPA 101 LIFE SAFETY CODE STANDARD  Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8	K 070	K069 NFPA 101 SS=D  Life Safety Code Standard  Cooking facilities are protected in accordance with 9.2.3 19.3.2.6, NFPA 96  Corrective Actions:  1. On 11/18/2010 the facility Maintenance Supervisor notified B&B Fire Protection of the failure to ensure the kitchen hood extinguishing system was maintained in accordance with NFPA 17A 1998 Ed.  2. On 11/22/2010 B&B Fire Protection provided required maintenance and testing of hood extinguishing system. Facility determined that no other residents were found to be affected by the deficient practice.  3. On 11/22/2010 facility Administrator In-serviced Maintenance Supervisor per annual and bi-annual required maintenance and testing is maintained in accordance with NFPA 17A 1998 Ed.  On 11/22/2010 facility Maintenance Supervisor recommended to Corporate Project Manager that the required maintenance and testing of kitchen hood extinguishing system to be incorporated into the corporate computerized maintenance log; access to corporate computerized maintenance log available at each facility location by Maintenance Supervisor.  K069 NFPA 101 con't on 4 of 4		
K 147 SS=F	This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure portable heaters are prohibited in the facility.  The findings include:  Observation on November 17, 2010, revealed a portable heater located in the front lobby area. The administrator acknowledged the presence of the heater in the exit conference on November 17, 2010, at 10:30 a.m., with the health surveyor team leader in attendance. NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure	K 147			

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K 147	Continued From page 3 the remote annunciator is located at a regular workstation or provided with a derangement signal in an area constantly attended, NFPA 99, 1999 Ed., 16-3.3.2, 3-5.1, 3-4.1.1.15..  The findings include:  Observation on November 16, 2010, at 2:05 p.m., with the maintenance staff in attendance, revealed the remote annunciator/ derangement signal is located on the wall in the service corridor and staff are not consistently present in this area.	K 147	<p>4. The facility Administrator, Maintenance Supervisor and/or designee will monitor for compliance monthly through routine facility/kitchen rounds and scheduled maintenance inspections. The Administrator, Maintenance Supervisor, and Corporate Project Manager will ensure compliance via facility/corporate computerized maintenance log monthly.</p> <p>K070 NFPA 101</p> <p>SS=D</p> <p>Life Safety Code</p> <p>Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F (100 degrees C) 19.7.8</p> <p>Corrective Actions:</p> <p>1. On 11/23/2010 the facility Administrator and Maintenance Supervisor recorded heating element out-puts: recorded temperature utilizing a Raytek MiniTemp hand held device (Complies with CFR 1040.10). On low heat/high fan the recorded temperature after approximately ten (10) minutes showed 117 F/44 C. On 11/23/2010) on high heat/high fan the recorded temperature after approximately ten (10) minutes showed 178 F/84 C.</p> <p>2. On 11/23/2010 the facility Administrator, Maintenance Supervisor, and Corporate Project Manager determined the designated location (living room) of electric fireplace is in a non-sleeping staff and employee area where the heating elements of such devices do not exceed 212 degrees F (100 degrees C) 19.7.8</p>		11/22/2010